



VERIFICATION OF OUT- OF- STATE OR FEDERAL RETIREMENT CREDIT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 19397 (Rev. 11/03)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657

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PART A MEMBER INFORMATION			
Name (Last, First, Middle, Maiden)			Social Security Number
Address	City	State	Zip Code
Present Employer			Date of Birth
I hereby authorize the release of any and all information pertaining to my participation in the retirement system of the following employer.			
_____ Signature of Employee		_____ Date of Signature	
PART B PREVIOUS SERVICE HISTORY			
The above named individual wishes to establish service credit in the North Dakota Public Employees Retirement System. North Dakota permits the purchase of service credit earned as a permanent employee of a governmental unit not located in North Dakota or a permanent employer of the federal government. However, any such years of out-of-state or federal employment are not eligible for credit in North Dakota if the years claimed also qualify for retirement benefits from an out-of-state or federal retirement system. Please complete the statements below to verify the member's dates of permanent employment and indicate the member's eligibility for retirement benefits from your system.			
Employer	Period of Service with Previous Employer	Beginning Date (Mo/Day/Year)	Ending Date (Mo/Day/Year)
		Beginning Date (Mo/Day/Year)	Ending Date (Mo/Day/Year)
Employer	Period of Absence from payroll of Previous Employer during above service	Beginning Date (Mo/Day/Year)	Ending Date (Mo/Day/Year)
		Beginning Date (Mo/Day/Year)	Ending Date (Mo/Day/Year)
PART C MEMBER'S RETIREMENT COVERAGE			
Does member have service credit with your retirement plan?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the member receiving or entitled to receive a benefit from your system based on this service?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does this member have credit in your system for service creditable in another retirement system?		<input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the system(s) and year(s) below.	
System		Years	
System		Years	
PART D PREVIOUS PUBLIC EMPLOYER AUTHORIZATION			
I certify that to the best of my knowledge and belief the statements made above are full, true, and correct, and reflect the date(s) as contained in our records.			
_____ Signature of Previous Employer (Authorized Agent)		_____ Date of Signature	
Name of Employer		Telephone Number	
Address	City	State	Zip Code

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

PART A: MEMBER INFORMATION

TO BE COMPLETED BY THE EMPLOYEE

- 1-2. Enter all employee information as requested.
3. Enter all present employer information as requested.
4. Sign and date

PART B: PREVIOUS SERVICE HISTORY

TO BE COMPLETED BY THE PREVIOUS PUBLIC EMPLOYER

- 1-2. Enter name and address of the previous employer with whom service is claimed.
3. Enter beginning and ending employment dates of eligible service with previous employer.
4. Enter dates of leave of absences that were taken during the previous service.

PART C: MEMBER RETIREMENT COVERAGE

TO BE COMPLETED BY THE PREVIOUS PUBLIC EMPLOYER

- 1-2. Answer questions with a 'yes' or 'no' answer.

PART D: PREVIOUS PUBLIC EMPLOYER AUTHORIZATION

1. The previous authorized agent or employer must sign and date this section to certify all information provided in Part B and C.

FILING PROCEDURE: Forward the form to NDPERS and retain a photocopy for agency records.